

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	5/25
FORMALITY REVIEW	RYN	870	8/7 11 01
RESPONSE FORMALITY REVIEW	M.H	625	10-17-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	0
12	0
13	0
14	✓
15	✓
16	0
17	0
18	✓
19	N
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50	N

Claim	Date
Final Original	
51	N
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100	N

Claim	Date
Final Original	
101	N
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If more than 150 claims or 10 actions  
staple additional sheet here

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